

## **Health and Wellbeing Board**

### **Minutes of the meeting held on 1 November 2017**

#### **Present**

Councillor Richard Leese, Leader of the Council (Chair)  
Councillor Craig, Executive Member for Adults (MCC)  
Dr Manisha Kumar, Clinical Director, Manchester Health and Care Commissioning  
Dr Ruth Bromley, GP Member, (South) Manchester Health and Care Commissioning  
Commissioning  
Jim Potter, Chair, Pennine Acute Hospital Trust  
Kathy Cowell, Chair, Central Manchester Foundation Trust  
Vicky Szulist, Chair, Healthwatch  
David Reagan, Director of Public Health

#### **Apologies**

Councillor Sheila Newman, Executive Member for Children (MCC)  
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)

#### **HWB/17/35 Minutes**

The Chair reported that Barry Clare, Chair, University Hospital South Manchester had resigned from his position as a Board Member since the meeting of the Board on 30 August 2018. This had followed the successful merger of Central Manchester Foundation Trust and University Hospital South Manchester as part of the City of Manchester Single Hospital Service. The Board took the opportunity to thank Mr Clare in recognition of his work on the Board and for his support during the changes introduced.

#### **Decisions**

1. To agree, subject to the deletion of Dr Ruth Bromley from the list of those present at the meeting, the minutes of the Health and Wellbeing Board meeting on 30 August 2017.
2. To thank Mr Barry Clare in recognition of his work and involvement in the Health and Wellbeing Board and the support provided during the merger of Central Manchester Foundation Trust and University Hospital South Manchester as part of the City of Manchester Single Hospital Service.

#### **HWB/17/36 THE CURE PROGRAMME: CURING TOBACCO ADDICTION IN MANCHESTER**

The Board received a report from the Director of Population Health and Wellbeing and Dr Matt Evison, Consultant in Respiratory Medicine. A supporting presentation was given by Dr Louise Brown and Dr Phil Barber, Members of the GM Lung Cancer Board and Chest Physicians at North Manchester General Hospital and Manchester University Hospitals Foundation Trust (Wythenshawe site) respectively.

The report provided an outline of a ground-breaking, innovative and evidence based smoking cessation programme that was intended to help the high number of smokers who are admitted to Manchester Hospitals each year.

The Board was informed that smoking is the largest cause of ill health and preventable death in England and Manchester currently had the highest rate of smoking attributed deaths in England. The prevalence of smoking in Manchester was 21.7% compared to an England average rate of 15.5%.

The CURE programme is very ambitious and is based on the successful Ottawa model of smoking cessation and offers a more supportive approach to help patients to stop smoking through the treatment of smoking as an addiction (to Nicotine) and a treatable disease. Patients who smoke would be offered immediate and comprehensive medical treatment and support to help them to stop smoking during their stay in hospital and, following discharge, ongoing support in the community. The meeting was informed that there would also be secondary route for outpatients not admitted to hospital that would be offered by GPs and care providers.

The programme proposes a culture change in the approach taken in dealing with smoking addiction. This would involve:

- Treating tobacco addiction as a disease;
- Providing every patient access to the most effective treatment;
- Every healthcare professional having the confidence and the competence to treat tobacco addiction;
- Treating tobacco addiction with the same approach as alcohol addiction, MRSA and thromboprophylaxis;
- Recognition and acceptance that the effective treatment of tobacco addiction brings immediate and substantial benefits to the NHS;
- Hospitals becoming institutes of health care promotion.

The CURE programme changes the approach taken by health professionals to offer medication or psychological support to stop smoking. This would include:

- All patients who are admitted to hospital would be asked whether they smoke and their response would be recorded.
- All smokers would be given appropriate Nicotine Replacement Therapy and medication to help them to cope with Nicotine withdrawal. Patients would also be offered behavioural support and advice.
- All smokers would be referred to a community smoking cessation service on discharge from hospital.
- Hospitals and hospital grounds would become completely Smokefree environments for all, sending out a clear message about smoking and health not being compatible and supporting smokers in their “quit” attempt.

The potential benefits from the Ottawa model show reductions in rates of mortality and hospital re-admission of the patients receiving support and treatment for smoking. Based on this data the projections for Manchester demonstrate significant reductions in the rates in short and longer term for patient readmission to hospital

(7.1% or 600 admissions less over 30 days to hospital and 26.7% or 1,171 less admissions over 1 year). In addition the projected rates for the reduction of deaths from 11.4 to 5.45 would result in 610 lives saved per year and 3503 people successfully stopping smoking.

The proposal would initially pilot the programme at Manchester University Hospitals Foundation Trust (Wythenshawe site) to be a smoke free site. Financial support would be sought for the development of project management, staff training and prescribing costs, however the cost saving benefits from the model are potentially considerable and could offset the cost of implementing the programme and any ongoing costs.

The Board welcomed the proposal and the potential benefits it presented. Reference was made to the support required for patients returning home from hospital to an environment where family and friends may also smoke and how this would be addressed. Also what proposals were in place to help support staff who also smoke.

It was reported that patients would be directed to a specialist smoking cessation clinic to maintain continuity prescribing and this would link up to GP prescribing. An outpatient access would be provided via GPs. The point was also made staff who smoke would need support in view of no smoking on smoke free sites. Smoke free hospital sites policies were already in place and it was necessary for the culture of smoking to be challenged.

The Chair referred to the extension of the programme to the North Manchester General Hospital (NMGH) site, in particular, Park House where smoking was endemic with in-patients and out-patients and asked what approach would be taken to implement the programme there and to the hospital site as a whole. It was reported that the programme would provide support to patients to encourage a move away from smoking through the acceptance by the individual that addiction to nicotine is a disease. This approach would be supported based on the patient's individual needs with the offer of an alternative to nicotine.

The Chair thanked the clinicians and officers for their attendance and for the presentation given.

## **Decisions**

1. To note the report and endorse the CURE programme.
2. To monitor and support the implementation of the CURE programme in Manchester.

## **HWB/17/37 LUNG HEALTH CHECKS**

The Board received a report from the Director of Population Health and Wellbeing and the MCIP Programme Director regarding the development of a lung health check that had proved to be highly successful as part of the Macmillan Cancer Improvement Partnership (MCIP).

The Board received a presentation from Janet Tonge (MCIP Programme Director) and Dr Phil Barber (Early Diagnosis Clinic Lead). A short film was played featuring a patient who gave a positive account of their experience as a recipient of a lung health check, Computerised Tomography (CT) scan, diagnosis and follow up treatment.

The Board was informed that the method used to engage patients had been very successful and had attracted a high number of responses from those patients contacted by letter and engaged at grass roots level. The programme had been designed to provide a convenient 'one-stop shop' approach for screening patients (55yrs old to 74yrs old) who had ever smoked. The programme involved a lung health check, risk assessment and CT scan, where required.

The early stage detection of lung cancer from those patients screened was four times the normal rate with 90% of patients offered curative treatment. The programme will be expanded for all North Manchester residents in 2018 (for patients 55yrs to 80yrs old) and there has been further interest from the Health and Social Care Partnership for roll out of the programme across Greater Manchester as well as interest from the NHS.

The Board was informed that there were three elements that had contributed to the success of the programme, these were:

- The use of a non-threatening lung health initial assessment;
- The local placement of mobile scanners within the communities targeted for the convenience of patients;
- The background work undertaken to identify recipients before engagement had taken place.

The Board welcomed the Lung Health Check programme and the excellent results it had produced. The Board also acknowledged that the method of approach that had engaged patients at grass roots level and in hard to reach communities and the delivery of the programme should be used as the way forward for other health care projects.

The Chair thanked the clinicians and officers for their attendance and for the presentations given.

## **Decisions**

1. To note the report submitted.
2. To recognise the successful implementation of the lung health check service.
3. To note the planned expansion of the lung health service into North Manchester.

The Board received a report from the Executive for Strategic Commissioning and Director of Adult Services and the Independent Chair of Manchester Safeguarding Adults Board (MSAB). The MSAB Annual report was also submitted and provided an overview of the work Manchester Safeguarding Adults Board for the period April 2016 to March 2017.

The Board was informed that the priorities of the MSAB for 2016/17 for safeguarding adults had been:

- Trafficking and modern slavery;
- Preventing radicalisation;
- Domestic abuse;
- Mental health;
- Health and social care integration and devolution;
- Early help;
- Improving access to and understanding of safeguarding across partner agencies, ensuring there is 'no wrong door' when accessing services and support.

The MSAB had continued to work in close partnership with the Manchester Safeguarding Children Board and other bodies including the Community Safety Partnership to deliver the Boards priorities. The work of a number of subgroups set up by the Board has also helped to develop partnership working and drive forward and shape priorities.

The MSAB Annual Report was produced in line with the requirement of the Care Act 2014 and provided details on the issues that had been tackled and the progress made so far. The report included:

- Information on the role of the Board in meeting the safeguarding needs of the adult population within Manchester based on demographics and vulnerable groups.
- The Board's Vision, Strategy and Business Plan.
- Governance and Accountability
- The use of Safeguarding Adults Reviews (SAR)
- Challenges and Future Priorities – 2017/18

Reference was made to transition and the co-design of services to best fit the needs of young people (16-18yrs) as they progressed to adulthood. It was reported that a MASB workshop had invited agencies to self-assess on how they engage with service users in order to highlight and share good practice. Meetings of a joint subgroup of the Adult and Children's Boards had also taken place to discuss the transfer from child to adult service provision.

The Board thanked the Independent Chair for the report.

## **Decisions**

1. To note the publication of the Manchester Safeguarding Adults Board (MSAB) annual report 2016/2017.

2. To agree the promotion of the importance of adult safeguarding across all the Health and Wellbeing Board partners and in the design of services they commission ensuring that safeguarding is at the heart of redesigned services going forward.

### **HWB/17/39 ANNUAL REPORT OF MANCHESTER SAFEGUARDING CHILDREN BOARD APRIL 2017 – MARCH 2017**

The Board received a report from the Strategic Director of Children's Services and the Independent Chair of Manchester Safeguarding Children Board (MSCB). The MCAB Annual report was also submitted and provided an overview of the work Manchester Safeguarding Children Board for the period April 2016 to March 2017.

The Annual report provided information on the significant work that has been undertaken by the Board and key achievements. This involved work across a range of organisations and partnership working, including work by subgroups set up by the Board three of which are integrated with the Adults Safeguarding Board.

The Board were informed that the MSCB had worked hard during the year to increase the awareness of safeguarding risks and provide guidance for the protection of children and young people. The report included a number of business priorities which the Annual report had provided progress on as well as challenges and improvement areas for the Board to address. Details of Priorities for 2017/2018 had been produced following a process of planning and visioning that included the views of children through an online questionnaire, and focus groups that were fed into a visioning event involving partners. The Priorities identified from the event included:

- Engagement and Involvement – listening and learning; hearing the voice of children
- Complex Safeguarding – Domestic Violence and Abuse; Female Genital Mutilation; Sexual Exploitation; Radicalisation; Missing; Organised Crime; Trafficking & Modern Slavery; So-called Honour Based Violence;
- Transitions – Moving from child to adulthood in a safe and positive way;
- Neglect – Ensuring the basic needs of every child are met.

The Board welcomed the Annual Report and made reference to:

- The feeding back of information/learning materials resulting from the findings of serious case reviews to frontline practitioners.
- Thresholds – the work being done from a Council perspective with partners to help them understand thresholds and what the appropriate responses were in different circumstances.

The meeting was informed that a learning review is held after a serious case review and learning materials are available from the review. Accessibility has been considered on the method for providing feedback to practitioners and this could be done through a DVD format. The Safeguarding Board had produced a newsletter and an inter-board meeting had been set up with a six monthly report to update on

progress of issues raised and to identify accountability for them. A conference has also been arranged for carers and professionals.

With reference to thresholds/ levels of need it was reported that a number of measures had been introduced, these included encouraging conversations that will build up a professional dialogue, briefings on the most appropriate areas to engage in and help build confidence to manage risk within an agency and the feedback to carers and families. A helpline within the MASH has been set up to establish a professional point of contact. The appointment of a safeguarding leads within organisations had provided a point of contact to help those who may be considering a referral. Briefing on the neglect strategy and levels of need and workshops have also helped to get the message across.

### **Decisions**

1. To note the publication of the Manchester Safeguarding Children Board Annual Report 2016-2017.
2. To agree the promotion of the importance of safeguarding of children and young people across the Health and Wellbeing Board partners and in the services that are commissioned ensuring that safeguarding is at the heart of all that is delivered.

### **HWB/17/40 MANCHESTER SINGLE HOSPITAL SERVICE – UPDATE ON CURRENT POSITION**

The Board received a report from the Director of the Single Hospital Service (SHS) Programme that provided progress being made towards the creation of a Single Hospital Service for Manchester.

The Board were informed that Project One of the SHS had been successfully completed for the merger of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust to create a new organisation - Manchester University NHS Foundation Trust (MFT). This had been achieved on time and on budget with a seamless transition for staff and services. Work was ongoing on Project Two for the transfer of North Manchester General Hospital General Hospital into the MFT.

The Board acknowledged the work involved in the hospital merger, which had been delivered on time, on budget and without any impact on the provision of services to patients.

### **Decisions**

1. To note the current position with the Manchester Single Hospital Service Programme.
2. To congratulate everyone involved in the merger of the Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South

Manchester NHS Foundation Trust to create Manchester University NHS Foundation Trust (MFT).

### **HWB/17/41 NORTH MANCHESTER CARE QUALITY COMMISSION (CQC) IMPROVEMENT PLAN AND PROGRESS**

The Board received a report from the Chief Officer of the Northern Care NHS Group and Professor Matthew Makin (Medical Director) that provided an update on the current progress and key risks with regard to the CQC Improvement Plan for North Manchester General Hospital (NMGH). The report also gave an update on the re-inspection of NMGH by the CQC that had been arranged without notice. The outcome of the inspection would provide a separate outcome report for NMGH.

The Chair of Pennine Acute Hospital Trust introduced the report and provided background on the work ongoing to deliver the Management Improvement Plan. The CQC inspection in 2016 had rated Pennine Acute Trust as inadequate.

The Board were informed that management support was currently being provided to Pennine Acute Hospital Trust by Salford Royal Hospital which had become involved following the CQC inspection.

The Board received a presentation regarding the North Manchester General Hospital element of the improvement plan for the Trust and information was provided on the performance of the Trust against the themes of the Plan.

The Board noted that there had been noticeable improvement in each of the themes and that work was ongoing to achieve further improvement. The presentation included a vision for NMGH with a strong, positive and vibrant future that was connected firmly to its local community, providing local hospital services to a population with complex health needs. This vision would be supported through the integration of NMGH into the Manchester University NHS Foundation Trust.

The CQC re-inspection of the NMGH site had commenced on 17 October 2017 and as part of the process inspectors had held staff focus groups. The focus groups had provided feedback on staff awareness and their concerns about the organisation.

The Board thanked the clinicians and officers for the presentation.

#### **Decision**

To note the report on the progress made against the Pennine Improvement Plan and the re-inspection process to date.

### **HWB/17/42 MANCHESTER URGENT WINTER PLANNING**

The Board received a report from the Director of Commissioning, Manchester Health and Care Commissioning that provided details on Manchester's system-wide winter



plans to support urgent care resilience throughout the quarters 3 and 4 of 2017/2018 (October 2017 to March 2018).

The meeting was informed that the Manchester and Trafford Urgent and Emergency Care Transformation and Delivery Board had responsibility for urgent winter care plans. The report referred to the lessons learned from the winter period 2016/17 which had led to improvements to forward planning to better anticipate demands during winter 2017/18. Three key work stream elements had been identified that would provide improvement, these were:

- Improving patient flow in hospitals;
- Improving bed occupancy rates; and
- Offering support to care homes to reduce unplanned admissions to hospital.

In addition financial investment had been made to test system-wide schemes providing additionality and to test new ways of working throughout winter to support urgent care resilience.

Reference was made to the take up of flu vaccinations with the suggestion made that employers should be contacted with the offer of vaccinations to staff that could be paid for by the employer. The Board was informed that the suggestion would be raised at the Manchester Flu Group. The Board noted that the Council was offering a free flu vaccination injection for all Council staff.

### **Decision**

To note progress detailed in the report submitted.

### **HWB/17/43 MANCHESTER AGREEMENT**

The Board received a report from the Director of Planning and Operations – Manchester Health and Care Commissioning that provided an update regarding the Manchester Investment Agreement in preparation for sign off of a final document at the January meeting of the Health and Wellbeing Board.

The Manchester Agreement has been produced to complement the Greater Manchester Investment Agreement and will set out the method of working across organisations to improve population health and finances as referred to in the Manchester Locality Plan.

### **Decision**

To note progress detailed in the report submitted.